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Applicant:	Conteas	Examiner:	Flanagan
Serial No.:	10/638,213	Group Art Unit:	3739
Title:	GASTROINTESTINAL LAVAGE SYSTEM		
Filed:	08/07/2003		

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REFUND REQUEST

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Refund Request

Serial No.: 10/638,213

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Respectfully submitted,



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Applicant's Attorney
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PATENT
Docket 03-044-T

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Contecas
Serial No.: 10/638,213
Title: GASTROINTESTINAL LAVAGE
SYSTEM
Filed: 08/07/2003

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Certificate of First Class Mailing under 37 CFR 1.8

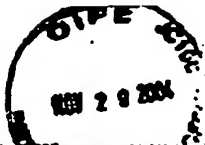
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Donna Miller Date: 3-7-05
Donna Miller

REFUND REQUEST

Attorney of record requests a refund of the previously submitted additional claims fee of \$356.00. The reason for this request is that the additional claim fee was submitted with the Amendment filed 11/23/2004. This Amendment was found to be non-responsive and not entered. It was replaced with a Revised Amendment filed 3/4/2005. No additional claims were included with this Revised Amendment and consequently no additional claims fee is now required. If any further information is required in support of this request, please contact the undersigned.

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PTO/SB/08 (08-03)

Approved for use through 7/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docklet Number 03-044-T										
Submittal Form PTO-675															
CLAIMS AS FILED - PART I					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY						
(Column 1)		(Column 2)		(Column 3)		(Column 4)		(Column 5)		(Column 6)					
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE			RATE		FEE					
BASIC FEE (37 CFR 1.18(a))					\$ 375										
TOTAL CLAIMS (37 CFR 1.18(c))	24	minus 20 =	4	x \$ 9 =	36			x \$ 0 =		0					
DEPENDENT CLAIMS (37 CFR 1.18(d))	4	minus 3 =	1	x \$ 42 =	42			x \$ 0 =		0					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))				+ \$ =	0			+ \$ 0 =		0					
				TOTAL	453			TOTAL		0					
* If the difference in column 1 is less than zero, enter "0" in column 2.															
CLAIMS AS AMENDED - PART II															
(Column 1)		(Column 2)		(Column 3)		(Column 4)		(Column 5)		(Column 6)					
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE			
Total (37 CFR 1.18(a))	44	minus	24	=	20	x \$ 9 =		180		OR		x \$ 0 =		0	
Independent (37 CFR 1.18(d))	8	minus	4	=	4	x \$ 44 =		176		OR		x \$ 0 =		0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+ \$ 0 =		0		OR		+ \$ 0 =		0	
						TOTAL ADD'L FEE		356		OR		TOTAL ADD'L FEE		0	
AMENDMENT B															
(Column 1)		(Column 2)		(Column 3)		(Column 4)		(Column 5)		(Column 6)					
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE				
Total (37 CFR 1.18(a))	14	minus	44	=	28	x \$ =				OR		x \$ =			
Independent (37 CFR 1.18(d))	4	minus	8	=	0	x \$ =				OR		x \$ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+ \$ =				OR		+ \$ =			
						TOTAL ADD'L FEE				OR		TOTAL ADD'L FEE			
AMENDMENT C															
(Column 1)		(Column 2)		(Column 3)		(Column 4)		(Column 5)		(Column 6)					
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE				
Total (37 CFR 1.18(a))		minus		=		x \$ =				OR		x \$ =			
Independent (37 CFR 1.18(d))		minus		=		x \$ =				OR		x \$ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+ \$ =				OR		+ \$ =			
						TOTAL ADD'L FEE				OR		TOTAL ADD'L FEE			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22313-1400.

If you need assistance in completing the form, call 1-800-PTO-8189 and select option 2.

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